

Case Number:	CM15-0005062		
Date Assigned:	01/16/2015	Date of Injury:	11/07/2001
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on July 7, 2001. The diagnoses have included Cervical strain, Cervical spondylosis with associated central stenosis, retained internal fixation hardware, Cervical spine, right C8 radiculopathy, mild, strain bilateral shoulders, subacromial impingement syndrome left and right shoulder, carpal tunnel syndrome bilateral upper extremities, chronic pain syndrome, therapeutic addition to narcotics, post-traumatic stress disorder. Treatment to date has included oral pain medications, cervical spine X-ray on June 9, 2014 and Magnetic resonance imaging of cervical spine on May 16, 2010, home exercise program and hot baths. On December 8, 2014 Utilization Review non-certified a Soma 350mg quantity 120, MS Contin 60mg quantity 90, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 2, 2014, the injured worker submitted an application for IMR for review of Soma 350mg quantity 120, MS Contin 60mg quantity 90 and Miralax quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: This patient presents with chronic neck pain with sharp muscle spasm and numbness in the bilateral hands. The current request is for SOMA 350MG QUANTITY 120. The MTUS Guidelines page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbation of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." This patient has been utilizing this medication since at least 6/5/14. The MTUS specifically states for Soma, the maximum recommendation for usage is 2 to 3 weeks. The requested Soma IS NOT medically necessary.

Ms contin 60mg quantity 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,76-78.

Decision rationale: This patient presents with chronic neck pain with sharp muscle spasm and numbness in the bilateral hands. The current request is for MS CONTIN 60MG QUANTITY 90. For chronic opiates, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been utilizing MS Contin since at least 6/5/14. The medical reports states that medications are working well with no side effects. The patient's pain level is decrease from average 10/10 to 6/10. Medications improve her range of motion in the upper extremities and she is able to function and continue with housework and taking care of her animals. Rules and regulations surrounding prescription of opioids are addressed and the patient is in compliance. In this case, given the patient chronic pain and the treating physician's documentation of medication efficacy addressing all the 4A's are required by MTUS, this request IS medically necessary.